

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD

POMONA VALLEY HOSPITAL MEDICAL  
CENTER

Employer

and

Case 21-RC-166499

SERVICE EMPLOYEES INTERNATIONAL  
UNION, UNITED HEALTHCARE WORKERS-WEST  
Petitioner

ORDER

The Employer's Request for Review of the Regional Director's Supplemental Decision and Direction to Sustain Certain Challenged Ballots and to Count the Remaining Challenged Ballots is granted solely with the respect to the Regional Director's finding that the Information Technology Clericals, Telecommunications Technician, Worker's Compensation Claims Specialist, Education Coordinator, Charge Revenue Representatives, System Coordinator Laboratory, and Nursing Staff Coordinators are excluded from the unit. The Petitioner's Request for Review is also granted solely with respect to the Regional Director's inclusion of the Specialists HIM Data Integrity, Application Specialist, and Application Specialist, Perioperative. The Requests for Review are denied in all other respects.<sup>1</sup>

---

<sup>1</sup> In agreeing with the Regional Director that Administrative Assistant, Master Planning should be excluded from the petitioned-for unit, we rely on evidence showing that she does not share a community of interest with unit employees. In this regard, she primarily works offsite, her supervisor does not supervise any other unit employees, and her work is not related to patient care. In addition, she only spends 10 percent of her time in the Hospital taking minutes from meetings, and the evidence suggests that her level of interaction with unit employees is minimal.

We agree with the Regional Director that the Medical Records Technicians are BOCs. In doing so, we emphasize that they function as a contact point between medical records and billing (including recommending billing corrections), and the evidence does not establish that they work in patient care areas or have frequent or substantial contact with unit employees in the course of performing their functions. See *St. Luke's Episcopal Hospital*, 222 NLRB 674, 677 (1976) (medical records clericals found to be BOCs where they did not have physical daily contact with employees in patient care areas). The instant case is also distinguishable from *Rhode Island Hospital*, 313 NLRB 343, 362-363 (1993), cited by the Employer, where the included medical records employees received continuous requests for information from employees dealing directly with patients, and had little contact with BOCs.

In agreeing with the Regional Director that the Security Assistant should be excluded from the unit, we find it unnecessary to rely on *Rhode Island Hospital*, supra at 345-347 (security personnel excluded as statutory guards).

PHILIP A. MISCIMARRA, CHAIRMAN

MARVIN E. KAPLAN, MEMBER

Dated, Washington, D.C., December 15, 2017.

MEMBER PEARCE, concurring and dissenting in part.

I agree with my colleagues in all respects except for their decision to grant the Employer's request for review of the Regional Director's decision to exclude from the petitioned-for service/nonprofessional and technical unit the positions of Information Technology Clericals, Telecommunications Technician, Worker's Compensation Claims

---

Contrary to the Petitioner, we agree with the Regional Director that the Coordinator, ICU should be included in the unit. In doing so, we emphasize that 1) the Coordinator performs clerical work in a patient care department; 2) her office is in the main Hospital on the second floor of the intensive care tower; 3) her supervisor also supervises unit employees; 4) she interacts with unit employees when she takes minutes of daily meetings conducted by physicians (connected with making rounds) and attended by nurses, pharmacists, respiratory therapists, and social workers, and enters data connected with those rounds; 5) her work taking daily minutes is connected with patient care; and 6) she assists employees with payroll, generating further contact with unit employees. See e.g., *Newington Children's Hospital*, 217 NLRB 793, 795 (1975) (clerk II in operating room included, where clerk was in the nursing department, relayed and received messages from the operating room, and was supervised by an operating room supervisor).

We agree with the Regional Director that the Hospitality Desk and Parking Ambassadors are properly included in the unit. See *Charter Hospital of Orlando South*, 313 NLRB 951, 951 (1994) (receptionists working in lobby who greet and assist visitors, observe egress and ingress, answer phones, and give paychecks to employees found not to be BOCs). In doing so, we find that the Petitioner is precluded from raising for the first time in its Request for Review the argument that the Hospitality Desk and Parking Ambassadors are guards under Sec. 9(b)(3) of the Act. See Board's Rules and Regulations, Sec. 102.67 (e) ("Such request may not raise any issue or allege any facts not timely presented to the Regional Director.").

Finally, we agree with the Petitioner that the Regional Director made a drafting error with respect to the Specialists HIM Data Integrity by discussing them in two separate sections and making contradictory findings regarding their status. Thus, the Regional Director at pages 5-6 of his Supplemental Decision sustained the challenges to the Specialists' ballots, but on page 10 overruled the challenges. After viewing the Supplemental Decision as a whole, we conclude that the Regional Director intended to overrule their challenged ballots and that his inclusion of these Specialists in his discussion on page 5-6 of his Supplemental Decision was an inadvertent error. In this regard, the Regional Director included the Specialists HIM Data Integrity in the list of challenged ballots that were overruled at both the beginning of his Supplemental Decision at page 2 and his conclusion at page 11. As indicated above, however, the Regional Director's inclusion of the Specialists HIM Data Integrity raises a substantial issue warranting review.

Specialist, Education Coordinator, Charge Revenue Representatives, and System Coordinator Laboratory.

Unlike my colleagues, I would deny the Employer's request for review of the Regional Director's findings that the Information Technology Clericals (IT) are business office clericals (BOCs) who should be excluded from the petitioned-for unit. As the Regional Director correctly noted, the Board has generally found that employees working in the IT field are BOCs who constitute a separate appropriate unit in acute care hospital settings such as here. See *Silver Cross Hospital*, 350 NLRB 114, 115 fn. 7 (2007) and *Rhode Island Hospital*, 313 NLRB 343, 359-361 (1993). I see no need to reconsider this precedent, and note that no party has requested that we do so. Additionally, I would deny review as to the Telecommunication Technician on the basis that, even if not a BOC as the Regional Director found, the work he performs on sophisticated systems and equipment is also akin to that of skilled maintenance employees who are excluded from the unit.

Next, I would not grant review of the Regional Director's exclusion of the Education Coordinator and Worker's Compensation Claims Specialist, both of whom mainly perform personnel/HR functions that are generally considered BOC positions. The Education Coordinator assists all employees, unit and nonunit, with continuing education requirements or aspirations. *St Luke's Episcopal Hospital*, 222 NLRB 674, 676 (1976) (finding clerical employees in personnel department are BOCs and excluded from service and maintenance unit); *St. Francis Hospital*, 219 NLRB 963,964 (1975) (same re clerical employees in RN education department). Similarly, the Worker's Compensation employee also works in HR, processing worker's compensation reimbursement claims for Hospital employees. See *St. Luke's Episcopal Hospital*, supra, 222 NLRB at 676.

Nor would I grant review of the Regional Director's decision to exclude the four Charge Revenue representatives. These four employees perform coding duties related to billing and reimbursement. Using information submitted by doctors and nurses, the Charge Revenue representatives post charges to the financial system and reconcile reports and patient records that require knowledge of billing codes. They also maintain daily contact with the billing office to ensure timely billing, and have little contact with unit employees in performing their duties. Accordingly, like the other coders excluded from the unit, I agree with the Regional Director that they too were properly excluded.

Finally, I would deny review of the coding system coordinator in the laboratory who, like other excluded coders, has very limited contact with unit employees and primarily performs billing functions and ensures that patients are charged for the correct diagnostic test.

---

Mark Gaston Pearce, Member  
NATIONAL LABOR RELATIONS BOARD